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COMPONENTS OF SEXUAL REPRODUCTIVE

Adolescents reproductive health.

Safe motherhood e.g. early pregnancy

Family planning information and services e.g. use of contraceptives.

Harmful practices like; female genital mutilation (FGM).

Sexually transmitted infections (STIs) including HIV/AIDS.

Post abortion care services.

Infertility and sexual dysfunction.

Reproductive tract infection (RTIs)

YOUTH SPEAK OUT

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THE RED CARD CAMPAIGN— Give HIV/AIDS Discrimination in Nigerian schools a RED CARD!!!

Nigerian youths aged 10-24 account for one-third of the population, but 60% of new HIV infections. Additionally, the HIV prevalence is highest among young people aged 15-30 years old (4.5%, 2008 Nigeria sentinel survey). These statistics clearly illustrate that young people are the most infected and affected segment of the population. As such, young people are in the forefront of those facing stigma and discrimination. They are constantly being deprived their right to education, employment, health and other social services. In light of this, it is essential for any policy on stigma and discrimination to fully address the issues of young people living with HIV/AIDS. Young people cannot and should not be discriminated against in school.

AIDS discriminatory practices in education institutions include MANDATORY testing as part of school admission, enrollment and graduation requirements. It also includes UNJUST treatment of young people living with HIV and AIDS by teachers and other students in classroom and non-classroom settings. An example was in 2003, when Frederick Adegboye a student of Nigerian institute of journalism (NIJ), Lagos, was rusticated because he tested positive to HIV. Many cases like this go unreported and unchallenged daily.

The HIV/AIDS anti-Discrimination Bill 2009 and

the **Discrimination of persons living with HIV/AIDS (Prohibition) Bill 2009** addresses some of the key discriminatory situations faced by young people living with HIV/AIDS including access to medical services, employment, comparable wages in working envi-



ronments and hate messages. The bill clearly cites the penalties that will be given to any persons or institutional entity that violates any part of it. These are all strengths of the policy document. Although it was introduced several years ago, it has finally been passed by the federal house of representa-

However as the bill moves to

'I was denied admission after passing all the admission requirements into a Nigerian university after testing positive to HIV. The counsellor told me that my admission was being withdrawn because they felt it was a danger to other students in the school. I felt like committing suicide at that point....

-Gloria Asuquo

the senate committee on health

for its concurrent passage and harmonization into law, there is a strong need for the committee to ensure as representatives of the people that;

- There is a specific section in the bill that talks about discrimination within schools/ education institutions and its commensurate penalties. This section should include specific statement that prohibits the request for HIV testing by school administration as a prerequisite for enrollment or graduation.
- Under no circumstance should young people living with HIV/AIDS be treated unjustly/unfairly within the classroom and non-classroom settings.
- Timely passage of the bill in this current dispensation.

Over 2010 Nigerian youths have spoken and are **STILL speaking**. We have written to our representatives on this committee. It is time to make that difference and secure the future of every Nigerian youth. **Education is a human right! It is embedded also in our constitution as a country; it is our responsibility that this right is protected... With your help this can be a reality.** To support our cause send your contributions to the committee secretary, house committee on health. 08057049950.

QUICK FACTS...

- In 2008, there were 96 girls for every 100 boys enrolled in primary school, and 95 girls for every 100 boys in secondary school in developing regions
- Traditional Nigerian masculinity is defined by strength, a desire for sex and not allowing oneself to be dominated by a woman.



Gender inequality and unsafe sexual practices.

Around the world, violence and discrimination against women and girls violates their human rights and severely compromises young peoples sexual and reproductive health. Harmful practices, including female genital cutting/mutilation, femicide, gender-base violence, and early marriage, damage girls' physical being and self-worth by reinforcing gender-based marginalization and inequality. Gender inequalities and biases pervade cultures worldwide, preventing women and girls from fully realizing their rights to reproductive health and equality.

- Female genital cutting/mutilation (FGM) causes serious injury to millions of young people every year. FGC/M is the removal of all or part of the young woman's genitalia for non medical reasons. Between 100 and 140 million women and girls have undergone female genital mutilation worldwide and 3 million girls are at risk of the procedure each year in Africa.
- In Nigeria, a treatment centre reported that 15 percent of female patients requiring treatment for sexually transmitted infections were under the age of five. An additional six percent were between the ages of six and fifteen.
- In male-dominated relationships, men may be less likely to accept a woman's request to use a condom or her desire to abstain from sexual engagement entirely, thereby increasing sexual and reproductive health risk for both partners.
- A young woman's difficulty in negotiating condom use is further exacerbated in in cross generational relationships which are fairly common in parts of Nigeria. The age gap limits young woman's autonomy and her ability to make decisions, including her ability to negotiate condom use or refuse to have sex with a husband who is known to be unfaithful or have an STI.

REFERENCE: Youth reproductive and sexual health in Nigeria: written by Melodi Sampson, Advocates for youths, reviewed by Education as a Vaccine (EVA).

Youth Advocate Group (YAG).

A team of young Nigerians between the ages of 15-24 years residing or schooling within the federal capital territory and determined to address adolescents health and development issues through social mobilization and advocacy. The YAG aims to improve sexual and reproductive health of young people in Nigeria by advocating for the adequate implementation of the ASRH policies with meaningful involvement of young people by 2011. To achieve this goal the group advocates for;

- A national budgetary allocation for ASRH policy implementation by 2011
- Increased opportunities for young people to participate in the implementation of ASRH policies and programs.
- The establishment of ASRH units at state and local government levels.

The YAG will use communication and advocacy strategies to educate and mobilize young people, adults and duty bearers to take action on adolescents reproductive health issues.

Spreading our wings.



In the month of October, the youth advocate group trained 15 passionate young people as youth advocates, who are presently conducting advocacy activities on reproductive health and rights of young people in the state. It was a 3day in-depth training /workshop concluded with an advocacy work plan by the group in the city of Lagos. The group also adopted the name Youth Advocates for Change (YAC). The implementation of the groups activities has however been marred with different challenges one of which is non-availability of funds. The Youth Advocates Group seek to empower more youth groups at the state level and also gain more support together with these groups for the implementation of our activities.

YAG Advocacy training.



In February, the youth advocates group in the FCT had capacity building trainings in various areas such as advocacy, sexual reproductive health, budgetary process, US foreign policy, international advocacy opportunities, monitoring and evaluation, videography, ICT, messaging, understanding the structure/systems of policy decision making process and national policy on ASRH and its linkages with the MDGs, using new media and understanding the legislature and policy making processes of the national assem-

bly. At the end of the training, youth advocates are fully geared to make the most impact influencing government policies and reaching out to other youths by building the capacity of other youths throughout the country particularly in the grassroots.

YAG

updates

Carrying our peers along.



As youth advocates we find various opportunities to key into activities that involves young people. This gives us an opportunity to engage youths through social mobilization. As part of our advocacy effort in January 11, we carried out activities in four different regions of the country. We mobilized young people around these regions with support from Education as a Vaccine to conduct a sensitization program which was done using focus group discussions (FGD)s.

We sensitized and educated young people on electoral processes, the need for every young person to shun violence, vote the right person, and help them make linkages to their health issues.

The youth advocate group also partners with other youth groups to create awareness and educate young people to bring about a change and these are usually done through campus activities, interactive sessions and focus group discussions (FGD)s.

As determined youths, we are committed to working in line with our objectives. In march, we worked towards achieving our second objective which is to ensure the active participation of youths in the implementation of Adolescents Sexual Reproductive Health (ASRH) policies and program. We were privileged to attend series of meetings with the Federal Ministry Of Health, United Nations Population fund and CBOs where we made meaningful contributions to identify ways in which young people can be actively involved in the implementations of policies that affect us. In these meetings the youth advocate group was recognized as the only youth group present at the meetings. Also within the month of march, Education as a Vaccine's youth advocate group with support from Enough is Enough (EIE) involved young people in an interactive session and town hall meetings in four different states, which includes: FCT, Nassarawa, Benue, Cross river. The meetings gave young people the opportunity to dialogue with their political aspirants. The youths were also educated on the power of their vote and why they need to Register, Select, Vote and Protect their votes. (RSVP). They were also advised to shun every form of electoral violence as it will only lead to loss of lives and properties, also health hazards.

Blog spot; Young people share educative information their problems, ideas and comments on various issues as it relates to Adolescents sexual reproductive health.

Read our feature blog on;

CRAZY LOVE

www.amplifyyourvoice.org/u/Berrybeauty/2011/1/25/

CRAZY-LOVE

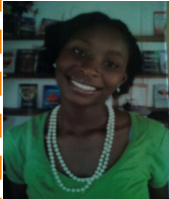
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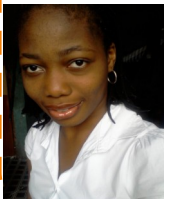
DO YOU KNOW ?

- There are three types of infections that affects the reproductive tracts: endogenous infection (which is probably the most common Reproductive Tract Infections worldwide), iatrogenic infection and sexually transmitted infection (STIs).
- The WHO estimates that every year there are about 333 million new cases of curable STIs.
- According to the UNAIDS, in 2000 alone 5.3 million people became infected with HIV.
- Reproductive Tract Infections that are not sexually transmitted are considered more common.

MEET THE NEW MEMBERS.



Tolulope Akintaro is a 20 years old undergraduate who hails from the south western part of Nigeria. As a broadcaster and motivational writer she has a passion to motivate vulnerable young people to make reasonable decision for themselves and also to stand in the gap and make their voices heard on issues related to their health.



Adaora Nwajagu is a 20 years old undergraduate who hails from the eastern part of Nigeria. She delights in advocating for the elimination of all forms of discrimination against women and also fight against stigmatization of HIV/AIDS victims. She wants to be a partner in progress to move actions for the betterment of every young person in the world.

We would appreciate all your feedback on this edition. Please send your views and comments to our contact address listed below.

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